

action arising out of the provision of, or the failure to provide, any medical service to a medically underserved or indigent individual while engaging in the provision of pro bono medical services.

(b) **REQUIREMENTS.**—Subsection (a) shall not apply—

(1) to any act or omission by a health care professional that is outside the scope of the services for which such professional is deemed to be licensed or certified to provide, unless such act or omission can reasonably be determined to be necessary to prevent serious bodily harm or preserve the life of the individual being treated;

(2) if the services on which the medical malpractice claim is based did not arise out of the rendering of pro bono care for a medically underserved or indigent individual; or

(3) to an act or omission by a health care professional that constitutes willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by such professional.

(c) **DEFINITION.**—In this section—

(1) the term “medically underserved individual” means an individual who does not have health care coverage under a group health plan, health insurance coverage, or any other health care coverage program; and

(2) the term “indigent individual” means and individual who is unable to pay for the health care services that are provided to the individual.

SA 3594. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 15. EQUIVALENT BANKRUPTCY PROTECTIONS FOR HEALTH SAVINGS ACCOUNTS AS RETIREMENT FUNDS.

(a) **IN GENERAL.**—Section 522 of title 11, United States Code, is amended by adding at the end the following new subsection:

“(r) **TREATMENT OF HEALTH SAVINGS ACCOUNTS.**—For purposes of this section, any health savings account (as described in section 223 of the Internal Revenue Code of 1986) shall be treated in the same manner as an individual retirement account described in section 408 of such Code.”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to cases commencing under title 11, United States Code, after the date of the enactment of this Act.

SA 3595. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, insert the following:

SEC. 2304. APPLICATION OF WELLNESS PROGRAMS PROVISIONS TO CARRIERS PROVIDING FEDERAL EMPLOYEE HEALTH BENEFITS PLANS.

(a) **IN GENERAL.**—Notwithstanding section 8906 of title 5, United States Code (including subsections (b)(1) and (b)(2) of such section), section 2705(j) of the Public Health Service Act (relating to wellness programs) shall apply to carriers entering into contracts under section 8902 of title 5, United States Code.

(b) **PROPOSALS.**—Carriers may submit separate proposals relating to voluntary wellness program offerings as part of the annual call for benefit and rate proposals to the Office of Personnel Management.

(c) **EFFECTIVE DATE.**—This section shall take effect on the date of enactment of this Act and shall apply to contracts entered into under section 8902 of title 5, United States Code, that take effect with respect to calendar years that begin more than 1 year after that date.

SA 3596. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. STATE OPTION TO OPT-OUT OF MEDICAID COVERAGE EXPANSION TO AVOID ASSUMING UNFUNDED FEDERAL MANDATE.

Notwithstanding any provision of the Patient Protection and Affordable Care Act (or any amendment made by such Act), the Governor of a State shall have the authority to opt out of any provision under such Act or any amendment made by such Act that requires the State to expand coverage under the Medicaid program if the State agency responsible for administering the State plan under title XIX certifies that such expansion would result in an increase of at least 1 percent in the total amount of expenditures by the State for providing medical assistance to all individuals enrolled under the State plan, when compared to the total amount of such expenditures for the most recently ended State fiscal year.

SA 3597. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, add the following:

SEC. 23. SOCIAL SECURITY NUMBER REQUIREMENT FOR PARTICIPATION IN EXCHANGES.

Section 1411(b)(2) of the Patient Protection and Affordable Care Act is amended by adding at the end the following new flush sentence:

“For purposes of this section, the term ‘social security number’ means a social security number issued to an individual by the Social Security Administration. Such term shall not include a taxpayer identification number or TIN issued by the Internal Revenue Service.”.

SA 3598. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ENSURING MEDICARE SAVINGS ARE KEPT IN THE MEDICARE PROGRAM.

No reduction in outlays under the Medicare program under title XVIII of the Social

Security Act under the provisions of, and amendments made by, this Act or the Patient Protection and Affordable Care Act may be utilized to offset any outlays under any other program or activity of the Federal government.

SA 3599. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

Title III of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) is amended by adding at the end the following:

“SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

“For purposes of this title and title IV, a reduction in outlays under title XVIII of the Social Security Act may not be counted as an offset to any outlays under any other program or activity of the Federal Government.”.

SA 3600. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

Title III of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) is amended by adding at the end the following:

“SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

“(a) **IN GENERAL.**—For purposes of this title and title IV, a reduction in outlays under title XVIII of the Social Security Act or an increase in revenues resulting from an increase in taxes assessed for purposes of such title may not be counted as an offset to any outlays under any other program or activity of the Federal Government.

“(b) **POINT OF ORDER.**—

“(1) **IN GENERAL.**—It shall not be in order to consider any bill, resolution, amendment, conference report, or motion that violates subsection (a).

“(2) **WAIVER AND APPEAL.**—

“(A) **WAIVER.**—This subsection may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn.

“(B) **APPEALS.**—Appeals in the Senate from the decisions of the Chair relating to any provision of this subsection shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the bill or joint resolution, as the case may be. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this subsection.”.

SA 3601. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for